

# ***Substance Abuse and the Elderly***

Substance abuse affects more than three million men and women over the age of 60. The Center for Substance Abuse Treatment has estimated that up to 17 percent of the elderly population in the United States abuses alcohol and drugs. Because of their advanced age, the elderly are at even greater risk for the health problems and trauma associated with substance abuse.

## **The Lifelong Elder Alcoholic**

Studies have shown that about two-thirds of elderly alcoholics have had lifelong problems with substance abuse. This population is at high risk for serious health, social and legal complications for a number of reasons:

- The long-term damage caused by substance abuse is cumulative and progressive. Few substance-abusing individuals reach their elder years without developing a host of serious physical and mental impairments.
- The damage to the liver and other organs can result in acute intoxication with less alcohol consumption. Ever notice how a street alcoholic purchases a pint of wine rather than a gallon? This is because the liver deteriorates from prolonged alcohol abuse and loses its ability to process alcohol. Tolerance for alcohol, which rises steadily in the early and middle stages of alcohol abuse, drops suddenly and unexpectedly. The alcoholic becomes intoxicated on far less alcohol than previously consumed. If the drinker consumes the usual amount, the results can be disastrous.
- The long-term heavy use of alcohol can lead to Korsakoff's syndrome ("wet brain"). This progressive, irreversible condition causes severe cognitive and memory disturbances to the point where it is often misdiagnosed as Alzheimer's disease. A person with this syndrome may appear intoxicated or confused even when not drinking.
- Because the majority of elderly drinkers are or were smokers, their health risks are compounded by the damage done from decades of smoking.

## **Joining the Ranks after 60**

Because many with chronic alcohol problems succumb to accidents or diseases before they become elderly, one might assume that those who make it to old age are less likely to have this problem. However, many turn to heavier drinking and prescription-drug abuse for the first time after age 60.

About one-third of elderly alcoholics began drinking as elders and do not have the chronic health conditions, arrest records or job and family disturbances that warn of a problem. These new abusers contribute to a rate of substance abuse that is about the same as for other populations.

About 15 percent of male alcoholics' first symptoms of alcoholism occur between the ages of 60 and 69, and 14 percent said that their first symptoms appeared between the ages of 70 and 79. Among women, 24 percent report that their first symptoms appeared between ages 60 and 69, while 28 percent report developing the problem between ages 70 and 79. Issues in their lives such as the loss of their friends and loved ones, financial worries, a move to a new community, loneliness, isolation and poor health all can contribute to the late onset of alcohol problems.

## **Heightened Danger of Prescription-drug Abuse**

Because seniors may be more susceptible to the effects of prescription drugs and because they often are prescribed several prescription drugs at a time, the abuse of prescription drugs can become a serious issue.

- Although seniors make up about 12 percent of the population, they are prescribed about 30 percent of all drugs. Not only are they prescribed more drugs, these drugs may have a greater effect on them. It has been estimated that over 20 percent of Medicare payments are related to hospitalizations caused by smoking, drinking alcohol or abusing prescription drugs.
- Elders often are prescribed tranquilizers, anti-anxiety drugs and other medications that compound the effects of alcohol. Drugs like tranquilizers and anti-anxiety agents can magnify the effects of a few drinks and lead to acute intoxication. If a senior has not been asked by or is not straightforward with his or her doctor about drinking, serious problems can develop.
- A senior who has relied on a prescribed medication for months or years to help with a medical condition may be reluctant to reduce or eliminate that medication from his or her maintenance regimen.
- Elders who have memory difficulties and abuse alcohol can easily lose track of their medication schedules, leading to unintentional overdoses.

### **Risk Factors**

Those seniors who are at particularly high risk for substance-abuse problems include those with:

- Mental or personality disorders;
- Chronic or acute medical problems;
- Memory deterioration leading to medication dose problems;
- Deterioration in sight or hearing;
- Financial difficulties;
- Unresolved issues such as the loss of a spouse or other significant relationship;
- Transitions such as a moving to a new community or difficulty adjusting to retirement; and
- A history of use or abuse of alcohol when they were younger.

### **Warning Signs**

Signs that a senior you know or for whom you are caring may have a substance-abuse problem include:

- Grief reactions that do not improve over time;
- Difficulty adjusting to retirement;
- Trouble adjusting to decreasing physical abilities and mobility;
- Isolation from family and friends;
- Deterioration in appearance, dress and personal hygiene;
- Sleeping too much or too little;
- Signs of frequent accidents or injuries; and
- Mood swings and sudden changes in behavior.

Because these symptoms also can indicate physical illness or other mental problems from depression to dementia, it is important to seek a doctor's advice and diagnosis.

### **Treatment for Elderly Substance Abusers**

For a relative or caregiver, getting treatment for the elderly substance abuser poses many challenges. Unless the drinking poses an imminent threat to themselves or others, mentally competent older people have the same right to drink destructively as younger individuals do.

The best place to begin helping is often with the elder's primary-care physician. At the very least, making the doctor aware that you feel there may be a problem with alcohol or drugs can minimize the risk of a dangerous drug interaction.

As with anyone with a longstanding addiction problem, the safest place to begin treatment is under medical supervision. Taking away someone's alcohol or pills suddenly can have serious and even fatal consequences. Sudden withdrawal from alcohol or some drugs can lead to hallucinations, convulsions and death.

It is important that any inpatient treatment take place in a program with extensive experience in treating seniors. Because an elderly person may be too uncomfortable to participate in after-care programs geared primarily toward younger drug abusers, look for a program or group meeting that includes seniors with similar backgrounds.

Although treatment is more likely to be successful for those who began drinking later in life, it can work and is worth attempting with any individual with an addiction problem.

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